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SUPPLEMENT TO GUIDELINES AND INSTRUCTIONS

ISSUED UPTO JUNE, 1976

REGARDING THE SCHEMES OF

INTEGRATED CHILD DEVELOPMENT SERVICES AND FUNCTIONAL LITERACY FOR ADULT WOMEN

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DEPARTMENT OF SOCIAL WELFARE
MINISTRY OF EDUCATION AND SOCIAL WELFARE
GOVERNMENT OF INDIA
SHASTRI BHAVAN, NEW DELHI-110001
(JANUARY 1977)

NOTE ON SUPPLEMENT

This supplement to the "Compilation of Guidelines and Instructions on ICDS and Functional Literacy Schemes" aims at up-dating the 'Compilation' upto 31 December 1976. A copy of the letter No. P 1117/26/75-MCH Vol. ii dated 7 November 1976 issued by the Department of Family Planning, Ministry of Health and Family Planning is also included in the supplement.

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Subject :— **Integrated child development services scheme - Implemention of :**

I am directed to say that Deptt. of Social Welfare has sanctioned 30 projects for integrated child development on an experimental basis 16 rural, 10 tribal and 4 urban. A statement showing the blocks selected for the introduction of ICDS project is enclosed.* A few blocks still remain to be selected. Funds as per enclosed statement have been sanctioned to the State Governments, a copy of which have been endorsed to the State Health Department.

2. A booklet prepared by the Department of Social Welfare giving the details of the projects is enclosed.**

3. It has been recognised that effective delivery of health services to pre-school children and pregnant and nursing mothers envisaged in the project will require additional inputs to strengthen the Primary Health Centre Complex. This will be provided out of the project funds. For providing health services envisaged for children in the project areas, certain personnel (both medical and para-medical) and other inputs will be provided to supplement the Primary Health Services net work in the project areas as given in appendix 'C' of the booklet.

4. In the fourth plan, the targets of the Health Ministry in regard to PHCs are (i) one Primary health centre for each community development block (ii) one sub-centre for a population of 10,000 (iii) making up the backlog and deficiencies in building, staff, equipments etc. (iv) provision of drugs at the enhanced level of Rs. 12,000 per annum per PHC and Rs. 2,000 per annum per sub-centre and (v) upgradation of one in four PHCs to 30 bedded rural hospitals. The existing health infrastructure including the provision of staff, medicines etc. in the project blocks will have to be upgraded to the approved pattern under the minimum needs programme in the State Sector and under the scheme for Integration of Health & Family Planning Nutrition Services in each ICDS project block in the first instance. Central assistance under ICDS scheme wlll be given only for additional staff, medicine etc. required for effective delivery of the health components of the scheme as given in the appendix 'C' of the booklet.

*Deleted.

**Deleted.

5. The additional personnel to be provided from the funds of the Integrated Child Development Services projects are :

Rural project :	1 doctor, preferably with diploma in child health 2 lady health visitors/public health nurses. Additional ANMs to reach a target of one subcentre for 5000 population.
Urban project :	1 doctor preferably with diploma in child health 4 A.N.Ms.
Tribal project	1 doctor preferably with diploma in child health 2 lady health visitors/ public health nurses. Additional ANMs to reach the target of one subcentre for 5000 population.

Additional inputs of personnel, equipment etc. from the integrated child development services budget will form as integral part of the overall PHC structure and function under the overall supervision of the Medical Officer in charge of the P.H. Centre. The P.H. Centre would assume the responsibility to meet the targets for health care envisaged under the project.

6. The upgradation of PHCs in the Fifth Plan should coincide as far as possible with the opening of Integrated Child Development Services Projects. This will have the merit of ensuring better referral services to the beneficiaries of the Integrated Child Development Services projects.

7. The health departments in the State/Union Territory would make available their services for health and nutrition education of women 15-44 years in the Integrated Child Development Project areas.

8. Funds are provided for the rent of sub-centre building and purchase of furniture, Equipments required for the additional sub-centres will be obtained from UNICEF.

9. Since the PHC complex would function under the administrative control of the Department of Health in the States, the State Department of Social Welfare would not exercise administrative control over the health personnel provided out of the integrated child development services budget. The State Health Departments may draw the funds required for the health component of these projects in the same manner as is done for other centrally sponsored programmes. Necessary budget provision may also be kindly made.

10. It is requested that the following steps may be taken immediately in the selected P.H. Centres in order that the health component of the ICDS Project may be fully provided :

(i) Enumerate the no. of pregnant and nursing mothers and children under five years of age and assess their immunisation and health status.

(ii) Collect the base line data on morbidity and mortality pattern in the block. Prevalence of diseases like measles, chicken pox, Diptheria whooping cough, Tetanus especially Nenonatal and paurperal tetanus, Diarrhoea and dysentry among children, parasitic infastation etc. should be estimated. The birth rate, crude death rate, infant mortality rate, mortality rate of children 1-5 years, metarnal mortality rate for 1974 and their causes should be worked out:

(iii) Provide doctor, LHV/PHN and subcentres and medicines as per the approved pattern under the Minimum Needs Programme and the scheme for integration of health, F.P. and nutrition services and put in position the complete quota of doctors, LHVs and ANMs as per the pattern prescribed for the project.

iv) Locate the additional subcentres to be opened under the project to have one subcentre for 5000 population. Where-ever prosible subcentres and anganwadis may be located together.

v) Explore the possibility of upgrading the PHC in the Project Block to 30 bedded hospital under Minimum Needs Programme.

vi) Identify the district/taluk/hospital which will function as first level referral hospital for the project block.

vii) Obtain Unicef assistance for the P.H.C. and all its subcentres including the ones to be opened under the project. This is to equip the PHC with a vehicle, refrigerator and diagnostic equipments.

viii) Pending the provision of additional inputs, draw up plans for giving the services as listed in the appendix 'B' of the booklet through the existing infrastructure, P.H.C. and sub-centre to the extent possible. Immunisation may be given according to the schedule currently in use.

ix) Vaccines, Vitamin 'A' Solution, Iron and Folic Acid tablets and other Vitamins and medicines required additionally over and above the quota allotted to the PHC may be indented for from the District Officer and debited to the budget of the I.C.D.S. Project.

x) Samples of the antenatal card, child health card, referral card immunisation card for pregnant mothers are enclosed.* These cards should be provided out of the funds of the I.C.D.S. Project.

The Child health card with the weight curve should be put is a polythene bag and given to the mother to be kept with her. It is meant to be health education tool to make mothers interested in ensuring optimum health for their children as well as to help the workers to identify early outset of under-nutrition and institute supplementary feeding. This card should be got printed in the local language to make it readable by the parents.

Receipt of this letter may be acknowledged.

*Deleted.

Copy of the letter No. 2-9/76-CD dated 4 July 1976 from the Department of Social Welfare, Government of India to the Medical Colleges engaged in baseline survey and monitoring of ICDS Projects.

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Subject -—**Baseline survey and monitoring of ICDS projects.**

The names of ANM subcentres/anganwadi areas selected for the baseline study in the ICDS project have been communicated to you. In this connection I may however mention that houselisting of the anganwadi areas selected in common with P. E. O. for the study shall be undertaken by P. E. O's teams. A copy thereof shall be sent to you by the P. E. O. regional office. In respect of anganwadi areas, which are common to the study by your college and P. E. O., please follow the house numbers as shown in houselisting schedule received by you from P. E. O. regional offices, so that there is no problem in correlation of data.

2. The houselisting in anganwadi areas, which are selected for the study by Medical College alone (i.e. which are not included in P. E. O's study sample), can be started immediately. The schedules for baseline survey have already been sent to you. After filling, the schedules should be sent to Dr. K. Ramachandran. Assistant Prof. of Biostatistics, All India Institute of Medical Sciences, Ansari Nagar, New Delhi for codification and processing in Delhi. You are requested to expedite the work in order to keep pace with P. E. O. teams which have already started the work.

Copy of the letter, No. 13-4/75-F dated 8 July 1976 from the Department of Social Welfare, Government of India, addressed to all the Field Publicity Officers of the Ministry of Information and Broadcasting placed in various States.

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Subject : **Schemes of Integrated Child Development Services and Functional Literacy for Adult Women.**

I am directed to invite your attention to this Department's letter No. 13-4/75-F dated the 15 June, 1976 under which the names of the Child Development Project Officers were forwarded to you and you were requested to establish contacts with the Child Development Project Officers of the ICDS Projects and to coordinate with them periodic screening of such films and organise the publicity programmes in respect of the schemes of Integrated Child Development Services Scheme and Functional Literacy for Adult Women. In response to similar proposal, the F.P.O., Kurnool has taken the initiative to organise a five-day publicity programme on year of fulfilment in collaboration with the CDPO of the Block of that area. A copy of the communication received from the F.P.O. is attached. It will be appreciated if you kindly arrange an indentical programme in collaboration with the Block authorities of your area and arrange the filmshows, songs and drama programmes, exhibitions, etc., in your areas in a similar and befitting manner.

Government of India
Directorate of Field Publicity
(Ministry of I & B)

No. FPK/5/76-659

Field Publicity Officer,
41/407, Kothapota, Kurnool
17th June, 1974

To

The Child Development Officer,
Integrated Child Development Service Scheme,
Government of India,
KAMBADUR
Anantapur District.

Madam,

Subject : **Publicity programme Functional Literacy List of centres—Regarding.**

Please refer to your letter No. 10/76 and 1-5-76 regarding the above.

We propose to arrange a 5 day publicity drive on Year of fulfilment, child care and functional literacy in your area from 21-6-76 to 25-6-76 at the following places.

21-6-76—Thimmapuram

22-6-76—Ramapuram

23-6-76—Mulakanoor

24-6-76—Yenumaladoddi

25-6-76—Bestharapalli

Kindly extend your co-operation in arranging the filmshows, song and drama programmes, exhibitions etc. in the above vi.lages. You may kindly communicate these programmes to your anganwadis in advance.

Yours faithfully,

Sd/-
(C.G.K. MURTHY)
FIELD PUBLICITY OFFICER
KURNOOL

Copy for information to :—

1. The Under Secretary to the Govt. of India, Department of Social Welfare (Samaj Kalyan Vibhag), New Delhi.
2. Director of Women and Child Welfare, Govt. of Andhra Pradesh, Hyderabad.
3. The Assistant Director Women and Child Welfare, Kurnool.
4. The Regional Officer, DFP, Govt. of India, Hyderabad.
5. The District Public Relations Officer, Anantapur.
6. The Block Development Officer, Kambadur.

Sd/-
Field Publicity Officer,
Kurnool

Copy of the letter No. 3-55/76-CD dated 20 July 1976 from the Department of Social Welfare; Government of India, to the State Governments and Delhi Administration.

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Subject : **Scheme of Functional Literacy for Adult Women—clarifications on certain points.**

The Scheme of Functional Literacy for Adult Women has been introduced in the ICDS project areas. Sufficient copies of the scheme have already been sent to the State Governments and the Child Development Project Officers of ICDS projects. Some issues have been raised by some States for clarifications. As these issues may also be under consideration of other State Governments, general clarification on these issues are given in the following paragraphs.

2. It has been mentioned in para 5 (2) of the scheme that an anganwadi worker under ICDS scheme may be placed in charge of functional literacy class if she is a matriculate or has studied upto to 8th standard and willing to take up the work of running the functional literacy class. For this work, she is eligble for an additional honorarium of Rs. 50/- per month from the funds under the scheme of functional literacy for adult women in addition to the honorarium that she gets under ICDS scheme. The training period for the anganwadi workers under the ICDS scheme was also extended from three months to four months in order to train them as teachers of functional literacy class. However, if the anganwadi worker is not educated upto the 8th standard or if she is not willing to take up the additional responsibility, the services of a Gramsevika or a local lady teacher or any other educated lady resident in the village are to be utilised for running the functional literacy classes. Such person is eligible for an honorarium of Rs. 50/- per month for taking the functional literacy classes. If the services of any such persons are utilised as teachers of functional literacy classes, they will have to be trained for this work. The training of such teachers (i e. other than anganwadi workers under ICDS scheme) may be arranged at an appropriate institution in consultation with the State Department of Education and any reputed organisation in the field of non-formal education in the State. The training period will be one month. The syllabus for the training of teachers of functional literacy classes has already been made available to the States under this Department's letter No. 2-6/75-CD dated 23 December 1975/1 January 1976. The expenses on such training may be met from the funds released to the States for the scheme of

functional literacy for adult women. The number of functional literacy teachers (other than anganwadi workers under ICDS scheme) to be trained and the figures of estimated expenditure on their training, with itemwise break-up of such expenditure, may be sent to this Department so that this is taken into consideration at the time of releasing subsequent grants for the scheme of functional literacy for adult women. The name and address of the institution, where such teachers are to be trained, may also be communicated to this Department.

3. Necessary literature for the use of adult women attending the functional literacy classes, the teachers of these classes (anganwadi workers as well as other teachers) and Supervisors (Mukhyasevikas and child Development Project Officers) has to be procured. Several reputed institutions in the field of non-formal education have produced literature in regional languages, which can be used by the adult women as well as by teaehers and supervisors of functional literacy classes. Necessary literature may, therefore be procured from an appropriate source in consultation with the State Department of Education. It has been pointed out that the cost of literature, produced by some of the reputed organisations in the field of non-formal education, is more than what is provided in the schematic budget of the scheme of functional literacy for adult women. For instance, the cost of literacy material required to be supplied to each adult women, attending the functional liteaacy class, is more than rupee one, as provided in the schematic budget of the scheme. The State Government may therefore, sanction requisite amounts for the purchase of literature for functional literacy classes at rates approved by the State Government. If there is excess expenditure on the procurement of literature for adult women, teachers and supervisors of the functional literacy classes and if such excess expenditure cannot be met from within the overall schematic budget of the scheme, the figures of expenditure may be communicated to this Department so that these may be taken into consideration at the time of subsequent releases of grants to the State.

4. The schematic budget for the scheme includes a provision of Rs. 350 for raw materials for vocational skills (recurring) and Rs. 300 for purchase of craft equipment (non-recurring in each functional literacy centre. The nature of vocational education in any functional literacy centre will depend upon the local needs, feasibility of introduction of any specific crafts etc. It is obviously not feasible to prescribe a uniform

craft material and equipment for all projects or even for all villages in any project. The selection of craft equipment and raw material for different functional literacy centres can best be made by the Coordination Committee at the block level on the basis of local needs and feasibility of introduction of any specific crafts in the functional literacy centres in different villages.

5. Each functional literacy class may be run for ten months. It would be desirable to conduct a test after the completion of the ten-month functional literacy course. The test may be designed in consultation with the State Department of Education and any reputed organisation in the field of non-formal education, preferably the same organisation from which literacy material might have been obtained. Certificates may be issued to all the adult women who have attended the functional literacy classes. It is not proposed to achieve any uniformity of form in which the certificates are to be issued. The forms of certificates are suggested in the enclosed annexure. Certificate-A may be issued to those women who pass the test and Certificate-B may be issued to the women who do not pass the test. The certificates may be issued under the signatures of the district level officer (Collector or District Development Officer or any other officer) who is in overall charge of the programme at the districl level. In respect of urban projects, the certicates may issue under the signatures of the Director or Joint/Deputy Director of the Department in charge of the programme. The expenditure on the printing of certificates may be met from the funds for the scheme of functional literacy for adult women.

6. The following information may be sent to this Department expeditiously (if it has not already been sent) in order to facilitate consideration of subsequent releases of grants to the States:

a) Expenditure on the scheme in 1975-76.

b) Savings out of the grants released by this Department to the State during the year 1975-76.

c) Total estimated expendituee on the scheme during the year 1976-77

7. Paragraph 8 of the National Populetion Policy makes a reference to the correlation of illiteracy and fertility, particularly in the case of girls' education. Wherever the/female literacy improves, it has been seen that fertility drops almost automatically. Non-formal education plans for young women are of crucial importance in relation to the National Population Policy. All possible measures should, therefore, be taken for the effective implemention of the scheme of functional literacy for adult women. If there are any issues, on which clarifications are required, reference may be made to this Department.

CERTIFICATE-A

STATE EMBLEM

FUNCTIONAL LITERACY FOR ADULT WOMEN

CERTIFICATE

This is to certify that Km/Smt...

daughter/wife/widow of Shri...

resident of..

has successfully completed the 10 months course of Functional Literacy for Adult women, conducted at..village/ward ...., District......................from............to...................

Signature........................

Designation.....................

Date.......................

CERTIFICATE-B

STATE EMBLEM

FUNCTIONAL LITERACY FOR ADULT WOMEN

CERTIFICATE

This is to certify that Km/Smt...

daughter/wife/widow of Shri...

resident of..

has attended the 10 month course of Functional Literacy for Adult Women, conducted at..........................village/ward.................. ...., District.................... from.................to...........

Signature........................

Date.....................

Designation.....................

Copy of the letter No. 1-10/75-CD dated 30 July 1976 from the Department of Social Welfare, to all the training institutions engaged in training of ICDS personnel.

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Subject:—**Publications brought out by the Central Health Education Bureau**

As you are aware, 33 experimental projects of Integrated Child Development Services Scheme have been sanctioned throughout India in 1975-76 and are continuing in 1976-77 also. The services to be rendered under the projects are as foollows :—

(1) Supplementary Nutrition.

(2) Health check-up

(3) Referral Services

(4) Health & Nutrition Education

(5) Immunisation

(6) Non-formal pre-formal education.

2. Some useful literature has been collected by us for distribution among the masses to educate them about the scheme. The literature generally deals with the preliminary education in the field of health and nutrition. A list of this literature is enclosed herewith.* This litrature has been brought out by the Director, Central Health Education Bureau, Directorate-General of Health Services, Kotla Road, Temple Lane, New Delhi-110001 and a set is enclosed.

3. You may please go through these publications to decide about the number of copies of each of the publication required by you, which can then be acquired by you from the Director, Central Health Education Bureau, Directorate-General of Health Services, Kotla Road, Tample Lane, New Delhi, Expenditure on it can be met from the ICDS funds. You can also write to the Director, C.H.E.B. about the language in which you need the copies. If these publications are available with CHEB in the language in which you want them, they would be supplied to you, otherwise you can get the translation of these publications done in the regional language in which you want them and get them printed locally. The cost on this can also be met from the ICDS fundes placed at your disposal. Please acknowledge the receipt of this letter.

*Deleted. The list is given under appendix XII of the 'Compilation'.

Copy of the d.o letter No. 2–9/76–CD dated 31 July 1976 from the Department of Social Welfare, Government of India, to the all State Health Secretaries regarding the coordination with Health Departments in ICDS Projects.

Subject:—**Coordination with Health Departments in ICDS Projects.**

33 Integrated Child Development Services (ICDS) projects have been taken up on an experimental basis. A list of the ICDS project areas is enclosed (annexure-1).* ICDS aims at an integrated delivery of basic services to young children as an important measure for the development of human resources, so crucial for the social and economic progress of our country. The result s of these experimental projects will have relevance for the future development of basic services for millions of our children.

2. Health is a major input in ICDS. The Ministry of Health and Family Planning had addressed the State Health Secretaries in November 1975 requesting for action on 12 points (vide annexure-2).* Funds for the ICDS project were released to the State Governments by this Department in August 1975. However, on the whole, about 50% of the health staff from ICDS budget still remains to be appointed and the flow of health inputs in ICDS projects has generally been slow.

3. ICDS aims at a multiplicity of basic services which are administered by several Departments (Health, Social Welfare, Rural Department, etc.). The success of the ICDS projects will mainly depend upon the extent of cooperation and coordination amongst different departments and concerned agencies at different levels of administration. This requires full support from each concerned department. In fact, ICDS affords an excellent opportunity for demonstrating the coordinated functioning of the related departments and thereby promoting integrated community development.

4. I request you to ensure expeditious action by the State Health Department on the points mentioned in annexure-2. Immediate steps are, however, requested to complete action on the following points, preferably within a month :

(a) sanction and appointment of Medical Officers, LHVs/PHNs and ANMs as per approved pettern under the Minimum Needs Programme and the Scheme for Integration of Health, Family Planning and Nutrition Services, and sanction and appointment of Medical Officers, LHVs/PHNs as per ICDS pattern :

(b) re-distribution of the project area amongst the total number of ANMs, LHVs/PHNs and Medical Officers for delivery of health services ;

*Not Included.

(c) identification of the referral hospital for each ICDS project ;

(d) timely supply of sufficient quantities of medicines, vaccines, iron and folic acid tablets, vitamin-A and other vitamins to PHC/Sub-centres in ICDS projects area;

(e) preparation and implementation of a detailed schedule for immunisation, health check-up and medical care, prophylaxis against nutritional anaemia, prophylaxis against blindness due to vitamin-A deficiency ;

(f) release of funds for health inputs to the field officers, administrative and technical control of the additional health staff and other health inputs from ICDS budget being kept with the State Health Department's officers at different levels ;

(g) procurement of the needed equipment/kits from UNICEF ;

(h) deputation of Medical Officers/LHVs/PHNs to the orientaion courses that will be organised at regional level by Group Convenors of ICDS Consultants ;

(i) issue of instructions to the identified medical colleges for baseline survey, monitoring and evaluation of health and nutrition aspects of identified ICDS projects (annexure-3) ;*

(j) utilisation of ICDS anganwadis as focal points for the delivery of helth services and supply of first aid material, iron and folic acid tablets and Vitamin-A to anganwadi workers for the benefit of children, utilising the services of anganwadi workers as community level health workers, and provision of continuous training and guidance to anganwadi workers by the medical and parmedical staff ; and

(k) detailed organisational arrangement for the delivery of health services in each urban ICDS project.

5. Please keep the Ministry of Health and Family Planning and this Department informed of the action taken on the points mentioned above.

Copy of the letter No. 11-2/75-CD dated 23 August 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration.

Subject :—**Linkages between the primary schools and the anganwadis.**

33 experimental Integrated Child Development Services (ICDS) projects are being implemented in the country. The objectives of

these projects include improvement in the health and nutritional status of pre-school children; their social, mental and physical development; reduction in child morbidity and mortality and school drop-out; enhancement of the capability of the mother to look after the child; and coordination amongst different organisations working for the welfare of children. One of the primary measures for achieving these objectives is establishment of close linkage between the primary schools and the anganwadis being set up under ICDS projects. With a view to establishing this linkage, the State Government is requested to take the following steps.

(a) The anganwadi should be located, as far as possible, in close proximity to the primary school.

(b) As part of work experience for girls in the standard IV and higher classes, they should be involved in the care of children in the anganwadi at least twice a week. This will have two advantages. First, these girls will gain experience in child care, hygiene and cleanliness which will de useful to them in future. Secondly, the anganwadi will get additional assistance in its activities and the anganwadi worker will be able to devote better attention to her other responsibilities.

(c) The Headmaster or a lady teacher in the primary school can guide and oversee the activities in the anganwadi and send reports on the functioning of the anganwadi to the Child Development Project Officer from time to time.

(d) The transition of the anganwadi pre-school children to the primary school should become a natural process.

2. The Department of Education is also issuing necessary guidelines to the State Education Departments on the above-mentioned lines. Suitable instructions may be issued, in cooperation with the State Education Department, to the field officers to ensure that linkages between ICDS anganwadis and primary schools are established as suggested above. The CDPOs should be instructed to report the progress of action taken in this regard in their monthly progress reports.

Copy of the letter No. 19-2/76-CD dated 27 August 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration.

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Subject :—**Organisation of Mahila Mandals in ICDS project areas.**

The Integrated Child Development Services (ICDS) projects aim

at providing opportunities for the physical, mental and social development of children in the pre-school age group. The focal point for the delivery of services under the project is an anganwadi in each village in the project area. A lasting solution for the proper care and development of children in the pre-school age group can only be secured through the education and involvement of women. This requires organisation of an active Mahila Mandal and its involvement in the ICDS activities in each village. The ICDS scheme envisages that the running of anganwadis should, as far as possible, be entrusted to voluntary organisations. However, it is seen that the work of organising Mahila Mandals and involving them in the children's activities in the anganwadis in ICDS projects has been lagging behind. It is requested that the work of organising a Mahila Mandal in each village in the ICDS project areas should be taken up on a priority basis in cooperation with the State Departments of Community Development/ Rural Development and State Social Welfare Advisory Boards as these have been doing the work of organising Mahila Mandals for the past several years, The Mahila Mandals should be actively involved in the anganwadi activities in each village.

Copy of the letter No. 7-41/76-CD dated 28 August 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration.

Subject:—**Assistance to State sector ICDS projects.**

At present 33 experimental ICDS projects have been started in the centrally sponsored sector in different parts of the country. The State Government has to make provision for the supplementary nutrition component of these projects. The State Government has also to provide health infrastructure according to the Minimum Needs Programme. Funds for the strengthening of the primary health infrastucture and other inputs envisaged in the ICDS projects, are made available by the Central Government.

2. Some State Governments have been considering commencement of ICDS projects in the State sector. The question of providing any assistance to the State sector ICDS projects was raised by one State. This has been considered and it has been decided that the following assistance will be made available to the State Governments for the ICDS projects taken up in the State sector;

a) Training of personnel, and

b) supplies (jeep, weighing scales, paper for health and nutrition cards, equipment and kits for PHC and sub-centres) which are made available by UNICEF for ICDS projects.

3. The above assistance will, however, be subject to the condition that the State Government maintains the Special Nutrition Programme at the Fourth Plan level and also ensures availability of nutrition in the new State sector ICDS projects. In hard cases, use of WFP/CARE food commodities for SNP may be permitted to the extent not exceeding 1/2 of the requirement in the State sector ICDS projects. For these projects, the State Government will naturally have to provide all the other inputs also envisaged in the ICDS programme.

4. The State Government may, therefore, consider taking up ICDS projects in the State sector. The details of the State sector ICDS project areas may be made available to this Department if assistance mentioned in paragraph 2 is required. The details about the State sector ICDS projects may be made available on the same lines as suggested in this Department's letter No. 9-1/75-CD dated 25 Oct. 1975 under which the background data about the 33 experimental projects in the centrally sponsored sector were called for.

Do letter No. Z 20013/34/76-TB dated 4 November 1976 from Directorate General of Health Services, Government of India to the State Governments and Delhi Administration.

Subject:—**BCG Coverage in ICDS Projects.**

As you are aware, under the Integrated Child Development Services Scheme, immunization is to be provided to the infants and children below 6 years of age against Smallpox, BCG, Diptheria, Whooping Cough and tetanus. Under this scheme, 33 such projects have been initiated in the States as shown in the list enclosed.* The immunisation is to be carried out by the PHC and subordinate health infrastructure.

It is understood that BCG immunisation has not been carried out satisfactorily in many of these projects. I would request you to immediately get in touch with the State Social Welfare Department and also with the District Social Welfare Officer concerned with these projects and make arrangement to get the infants and children vaccinated with BCG immediately. In case in any project such immunisation through the personnel of the PHCs is not possible because the ANMs are either not available or not available or not trained, you may kindly arrange to cover the entire susceptible group by BCG vaccination with the help of your BCG team technicians.

In any case you may kindly ensure that the entire group of children under the project is positively covered by the end of December 1976 and a report in this respect is sent on to me immediately thereafter.

*Deleted. This list is already included under appendix I of the compilation.

Copy of the letter No 1-1/76 - CD dated 6 September 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration.

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Subject : **Health inputs in ICDS projects.**

33 experimental ICDS projects have been sanctioned in different parts of the country. As future expansion of ICDS will be considered in the light of the results of evaluation of the 33 experimental projects, these projects are being continuously reviewed in detail by the Ministry of Health and Family Planning and this Ministry. The Planning Commission has also started a study of the ICDS projects.

2. Health is a major input in ICDS. Funds have been provided in the ICDS Scheme for the strengthening of the primary health infrastructure in ICDS project areas. This includes provision for some additional medical and paramedical staff, medicines, POL, contingencies etc. Details thereof have been communicated to the State Governments under this Department's letters No. 1-1/76-CD dated 3 March and 7 April 1976 (copies enclosed for ready reference).*

3. Coordination amongst the concerned Departments (Health, Rural Development, Education, Social Welfare etc.) at all levels of administration is a prerequisite for the success of the ICDS projects. Guidelines regarding coordination in ICDS projects have been issued in the past (for instance, vide paragraph 5 (b) of this Department's letter No. 6-11/76-NCD dated 1 August 1975 and paragraph 1 of this Department's letter No. 14-2/76-CD dated 18 June 1976).

4. The progress of ICDS projects was recently reviewed at the level of Union Ministers of Health and Family Planning and Education and Social Welfare at a joint meeting of the two Ministries. It was noted that the appointment of about 50% of the medical and para-medical staff on the whole is yet to be made, that there is inadequacy of medicines etc. in some PHCs/Sub/ centres, and that enough coordination between health and social welfare personnel at the grass root level is yet to be established. The State Governments are requested to take effective and expeditious action on the following points:

a) All the vacant medical and paramedical posts in the ICDS project areas (the earlier posts, additional posts sanctioned under the Minimum Needs Programme, additional posts sanctioned under the scheme of Integration of Health, Family Planning and Nutrition Services and additional posts

*Deleted. There letters are included in this Compilation.

sanctioned from the ICDS budget) should be filled immediately and the entire health staff should work as one integral structure.

b) Health and social welfare personnel in the project area should work as a team. The anganwadis should be effectively used as focal points for the delivery of health services. The anganwadi workers, with the guidance of the medical and paramedical staff, should impart health and nutrition education to the community, especially mothers, and collect children and mothers for immunisation, health check-up etc. by the visiting medical and paramedical staff.

c) Funds for health inputs in ICDS budget (additional health staff, medicines, POL, contingencies etc.) should be made available to the State Health Departments without delay. Uninterrupted supply of the needed quantities of medicines, vaccines, iron and folic acid tablets, vitamin-A intensive doses etc. to PHC/Sub-centres in each project should be ensured. Expenditure in excess of the provision under the Minimum Needs Programme for these items can be met from the ICDS budget. The needed funds for this purpose should be made available to the concerned Medical Officers to ensure timely procurement of medicines etc. In respect of urban ICDS projects, these funds have to be made available to the Municipal Corporation and/or such organssation as may have been entrusted with the delivery of health services in the project areas.

d) The message of family planning and the small family norm must be disseminated through the health and nutrition education and the functional literacy classes for adult women in the ICDS project areas.

Copy of letter No. 3-51/76 TR dated 6 September 1976 from the Department of Social Welfare, Government and India, to the State Governments and Delhi Administration.

Subject :—**Appointment and training of Mukhyasevikas (Anganwadi Workers in ICDS Projects)**

Seven training courses for Mukhyasevikas (i.e. supervisors) of ICDS Projects were organised in the Family and Child Welfare Training Centre, Samiala, near Baroda (Gujarat) from November 1975 to August 1976. It was expected that the Mukhyasevikas in all the ICDS Projects

will be appointed and sent for training in these training courses as communicated to the State Governments from time to time. A review of the position regarding appointment and training of Mukhyasevikas shows that in some ICDS Projects, the work of appointment and training of Mukhyasevikas has been lagging behind. It has, therefore, been decided to organise one more training course with a view to completing the training of all the remaining Mukhyasevikas before the end of December 1976. This course will be conducted from 17 November 1976 to 16 December 1976 at the Literacy House, Lucknow (UP). The Literacy House, Lucknow, will provide boarding and lodging facilities for the trainees.

2. All the remaining vacancies of Mukhyasevikas in ICDS Projects should be immediately filled. In para 5(b)(iii) of this Deparment's letter No. 6-11/75-NCD dated 1 August, 1975, it was indicated that the existing Mukhyasevikas and senior Gramsevikas and other similar staff may be considered for appointment as supervisors (i.e. Mukhyasevikas). Experienced persons, who have worked in projects connected with family and child welfare, can be appointed supervisors (Mukhyasevikas) in ICDS Projects. In some cases it may be necessary to take recourse to direct recruitment. Appoitment by direct recruitment, if any, will have to be done according to the recruitment rules of the State Government because all ICDS Personnel are borne on appropriate State cadres. In case of direct recruitment, preference may be given to graduates so for as possible

3. All the Mukhyasevikas in ICDS projects, who have not yet been trained should be deputed for the training course in Literacy House, Lucknow from 17 November 1976 to 16 December 1976.

4. In the matter of appointment of Anganwadi Workers in ICDS Projects. it was impressed upon the State Governments in para 5(b)(iv) of this Department letter No. 6-11/75-NCD dated 1 August 1975 that the Anganwadi Worker should be a person acceptable in the local community. It has come to our notice that in some Projects some Anganwadi Workers who do not belong to the local villages have been appointed. It is necessary to appoint a local lady as an Anganwadi Woker because the Anganwadi Worker should have the confidence of the local community if she has to do her job successfully. Moreover the problems of protection and residential accommodation will not arise if local women are employed as Anganwadi Workers. If women, not belonging to the local villages, are employed to work as Anganwadi Workers. It will obviously be difficult for them to find residential accommodation and settle in such villages with the honorarium paid under ICDS. Moreover, they will not enjoy the confidence of local community and, sometimes, problems of providing them sufficient protection may arise. It has been sometimes stated that women from other villages have to be employed because women having minimum qualifications (i.e. VIII class) are not locally available. In such cases, less

educated or even illiterate women can be employed as Anganwadi Workers. As such workers will not be able to keep records, an amount of about Rs. 25/- per month out of the honorarium of Rs. 100/- per month can be paid to a school teacher or any other educated person who can and is pre-pared to maintain the records, and the remaining honorarium can be paid to such Anganwadi Workers.

5. If there are Anganwadi workers, who are illiterate or have very little education, their training period can be shortened and their training should be limited to a few selected job skills relating to special nurition, general health of the child, health and nurition education and non-formal pre-scool activities for children (3 to 5). The training of the teacher or other educated person who has to maintain the record can be arranged by the CDPO at the block level.

6. In those villages where the Anganwadi workers are not sufficiently educated to be able to run functional literacy classes or are not willing to undertake the additional work of functional literacy classes for adult women, the running of functional literacy classes can be entrusted to a lady school teacher or any other educated woman in the village and the honorarium of Rs. 50/- per month can be paid to her for taking the functional literacy class. Guidelines have already been sent to the State Government under letter No. 3-55/76-CD, dated 20 July, 1976 regarding the training of such teachers in functional literacy.

Copy of the letter No. 7-3/CD dated 1 November 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration

Subject :—**Issues relating to the use of Weighing Scales in I.C.D.S. Projects.**

The hanging weighing balances have been supplied by UNICEF to all the ICDS Projects for weighing children below 6 years of age. Several issues have been raised regarding the use of these weighing balances. These are clarified below :—

(a) Seats or trousers or hammocks have not been supplied for placing the children in at the time of weighing them. The seats or trousers or hammocks, as may be considered suitable, may please be prepared locally (these should be portable) and the cost thereof may be met from the ICDS budget. The figures of expenditure on this item may be communicated to this Department so that this expenditure can be taken into

account in revising the estimates and subsequent releases of grants to the State Governments/Delhi Administration. One sample of the seats or trousers or hammocks made for this may be sent to this Department

(b) The hanging weighing balances can be conveniently hung from any hook or a branch of a tree or other support with the help of a rope.

(c) Some weighing scales can weight children upto 20 Kgs and others can weigh them upto 25 Kgs. It is true that some children below 6 years of age will weigh more than 20 Kgs. The identification of mal-nourised children is done on the basis of weight related to age. A child below 6 years of age. weighing more than 20 Kgs is not treated as mal-nourished and, therefore, no problem arises even if the weighing scales can weigh children upto 20 Kgs only.

(d) The needle of the weighing scale is to be placed at Zero before weighing the child. Some scales have the screw for correcting the Zero error at the top. In some scales, this screw is at the side under a cover "adjust". One can slide the cover "adjust" and operate the screw for correcting any error. As the scales generally allow for small deviations the screws for correcting the zero error will not be able to make large corrections. It is, therefore, necessary that the seats or trousers or hammocks to be prepared for weighing the children should be light in weight (light weight will also make these easily portable)

The above clarifications may be brought to the notice of all concerned.

Copy of the letter No. 2-1/76-TR dated 2 November 1976 from the Department of Social Welfare, Government of India to all the State Governments, Union Territory of Delhi and the Concerned Institutions.

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Subject :—**Selection of training institutions for the training of Anganwadi Workers and mukhyasevikas under the schemes of Integrated Child Development Services and Functional Literacy for Adult Women.**

In 1975-76, the Department of Social Welfare introduced the schemes of Integrated Child Development Services (ICDS) and Functional Literacy for Adult Women on experimental basis in 33 Projects all over the country. Further expansion of the ICDS Scheme will be considered in the light of the results of evaluation of the experimental projects. Such expansion, however, requires advance planning of training

arrangements for the staff. The training under the above two schemes is financed by this Department.

2. This Department does not have up-to-date information about the training facilities available in your State. Assistance of the State Governments/U.T. Administration is required for the selection of the right type of Institutions for the training of Anganwadi Workers and Mukhyasevikas (Supervisors) under the ICDS and Functional Literacy Schemes. A copy of the syllabi and 22 copies of the Schedule for collection of information about the training institutions under your control are enclosed. The syllabi are at present under revision. Though the broad pattern will be more or less similar, the health tasks will get emphasis, mainly because it has been noticed that the training of Anganwadi Workers in some health tasks has generally been weak.

3. Three or four copies of the enclosed schedules may be sent to each institution which you think is adequately equipped with teaching faculty and other facilities, and also has experience of conducting somewhat similar training programmes in the past. Institutions which are otherwise well equipped but are wanting in some respect can also be considered provided such deficiency is capabale of being removed at short notice if assistance is made available. Please consult all the other concerned departments of the State Government/U.T. Administration (Agriculture, Rural Development, Health, Education etc.) so that all the relevant institutions are taken into consideration. While sending the schedules to the institutions of your choice, instructions may also be given to them to forward one copy of the schedule, duly completed, directly to this Department so as to reach this Department by 20 November 1976 positively. A copy of guidelines for filling up the schedule is also attatched with the schedule itself.

4. Early action will be appreciated.

SCHEDULE FOR COLLECTION OF INFORMATION ABOUT TRAINING INSTITUTIONS

I. GENERAL INFORMATION

1. Name and address of Training Institution in Full (in capital letters).	Name : Address : (a) City/Town/Locality (b) Post Office (c) District (d) State

2. Year of establishment

3. Name and designation of the Head of Institution

4. Present Status

(a) Government

(b) Registered Society

(c) Other

5. Parent Institution/ sponsoring authority (Full name and address of the Executive Authority responsible for policy decisions of the Institution)

II. PERSONAL

Details of the Staff

	Name and designation	Educational Qualifications	Training	Scale of Pay
(a) Teaching				
1.				
2.				
3.				
4.				
5.				
(b) Non-teaching				
1.				
2.				
3.				
4.				
5.				

III. PHYSICAL FACILITIES

Buildings	Yes/No	Capacity of trainees that can be accomodated
1. Class Rooms		
2. Hostel		
3. Laboratory (Home Science etc.)		
4. Library		
5. Reading Room		
6. Gymasium		
7. Assembly Hall		
8. Common Room		
9. Swimming Pool		
10. Others		

IV. EQUIPMENT AND OTHER FACILITIES

	Yes/No
1. Playing Field	
2. Cine Projector	
3. Slide Projector	
4. Cyclostyling Machine	
5. Epidiescope	
6. No. of Vehicles with details	

Type of Vehicle	Year of manufacture	Whether it is in working order (yes/No)	Passenger Capacity

7. Medical and firstaid facilities for the trainees

8. Others

V. FIELD WORK FACILITIES

Fields	Name and address of Agency	Distance from Training Centre
Nutrition		
Maternal and Child Health		
Non-formal Pre-school education		
Functional Literacy for Adult Womeu		
Arts and Crafts		

VI. DETAILS OF THE COURSES CONDUCTED

Name of the Course	Level of trainees i.e. Agricultural workers, Gram-sevika, Balsevika, L.S.E.O., B.D.O., E.O. etc.	Duration	Subjects taught
(a) Regular			
(b) Ad-hoc			

VII. FINANCES

Year	Budget	Expenditure
1975-76		
1976-77		

VIII. ANY OTHER RELEVANT INFORMATION

(Please enclose a copy of the latest Annual Report of the Institution)

Place :

Signature.....................................

Date :

Designation..................................

Princlpal/Director

Guidelines for filling up the schedule for collection of information about the training institutions.

The schedule is divided into 8 parts.

2. Part I deals with "General Information" about the institution consisting of 'name, Address, Status' etc.

3. Part II deals with staff details, both teaching and non-teaching, in terms of their names, qualifications, salary etc. Space for 5 staff members has been provided in the questionnaire separately for teaching and non-teaching staff. In case there are more staff members, the number and space can be added accordingly.

4. In part III "Physical Facilities", the reply is first to be given by indicating 'Yes' or 'No' only. In case the answer is 'Yes' the next column "capacity of the trainees that can be accommodated", is to be completed by simply mentioning the number of trainees against each item.

5. In part, IV, the response is to be recorded in 'Yes' or 'No' only upto item 5. For Item 6, details of the Vehicles available with the training centres have to be given in the prescribed columns.

6. Under Part V, details of existing field work facilities for placement of the trainees are to be recorded. Since the entire programme of ICDS and Functional Literacy broadly revolves round the fields of nutrition, maternal and Child Health, non-formal pre-school education Functional Literacy for adult women including arts and crafts, the training centres concerned should give the name and addresses of the agencies in their vacinity working in the above fields. These agencies may be a primary Health Centre, a Maternity and Child Health Centre, a Nursery School, a Feeding Programme, and Adult Education Centre, an Arts and Crafts Institution etc.

7. In Part VI, the details of the courses conducted, the types of workers trained such as Balsevikas, Gram-Sevikas, Extension Officers etc., and the subject taught are to be recorded both for the regular and the ad hoc courses.

8. In Part VII budget details are to be provided for the year 1975-76 and 1976-77.

9. In Part VIII, mention any other relevant information, especially the information relating the commitments (if any) of the institutions for the next 1-2 years, mentioning the periods for which the institution's facilities, have already been committed.

Copy of the letter No. 13-28/76-CD dated 3 November 1976 from the all Department of Social Welfare, Government of India, to the CDPOS of all the ICDS Projects.

Subject:—**"Guide book for Anganwadi Workers."**

I am directed to say that Guidebook for Anganwadi Workers has been brought out by the National Institute of Public-Co-operation and

Child Development, New Delhi and to send herewith copies of the same for distributing these as follows.-

CDPO	1	1
BDO	1	1
Medical Officers	1 each	
LHVs	1 each	
Mukhyasevikas	1 each	
ANMs	1 each	
Anganwadi Worker (where they	1 each	
know English)	1 each	
Additional copies to be given by you to the concerned District level officers etc.		10

2. Copies of the guidebook have separately been sent to the State Government for their use. They have also been informed that in case they want the guidebook in the regional language for use by Anganwadi Workers, they are free to get it translated and printed. You can therefore, approach the state government in this regard if you think the guidebook is required to be produced in the regional language.

3. It may be noted that the Anganwadi Worker has to assist the health staff in the delivery of healt services. This assistance can take the form of several tasks. e.g.,

(a) Assessment of the correct age of the child with the help of a calender of events wherever necessary (copy enclosed for ready reference)*;

(b) weighing the child and recording the weight on the growth chart (10 copies enclosed for ready reference) - practice in this task can be given on graph paper/block boards with graph line in oil paint;

(c) informing the health staff about at risk children and mothers and referring their cases to the health staff;

(d) use of simple remedies for common ailments.

4. It is noticed that the training of Anganwadi Worker has generally been deficient in the above-mentioned tasks. Please ensure that they are properly trained in their tasks in addition to other jobs which they have to perform.

* Deleted

Copy of the letter No. 13-28/76-CD dated 3 November 1976 from the Department of Social Welfare Government of India to the Training Centres conducting training of Anganwadi Workers.

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Subject :—"**Guidebook for Anganwadi Workers.**"

A Guidebook for Anganwadi Workers has been brought out by the National Institute of Public Cooperation and Child Development, New Delhi. Five copies of the same are sent herewith for use by your Institute, one for the library and one for each Instructor in the Institute.

2. It may be noted that the Anganwadi Worker has to assist the health staff in the delivery of health services. The assistance can take the form of several tasks. e.g.

(a) assessment of the correct age of the child with the help of a calender of events wherever necessary (copy enclosed for ready reference);*

(b) Weighing the child and recording the weight on the growth chart (10 copies enclosed for reedy reference practice in this task can be given on graph paper/black boards with graph line in oil paint;

(c) informing the health staff about at risk children and mothers and referring their cases to the health staff;

(d) use of simple remedies for common ailments.

3. It is noticed that the training of Anganwadi Worker has generally been deficient in the above-mentioned tasks. Please ensure that they are properly trained in their tasks in addition to other jobs which they have to perform.

* Deleted

Copy of the letter D.O. letter No. 8-2/76 NMEP (Asstt.) dated 3 November 76 from the National Malaria Eradication Programme to all the State Malarialogists regarding the activities in ICDS Project areas.

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Subject:—**Action in ICDS Areas by the Malarialogists.**

As you are aware that the Department of Social Welfare has initiated Child Development Projects in selected Blocks of various States. These projects seek to give integrated services to all the children under six years of age in the areas of health, Nutrition Education and Welfare. As the package of services is limited to children under six

years of age, the major, role is, likely to be played by the Health Services including Malaria.

By and large, malaria situation in these blocks is not satisfactory. The Blocks showing quite high incidence of malaria will be required to be covered under intensive spray operation and drug therapy.

It is nessary to assess the present situation keeping the bare requirements of data. In this regard a set of proformae have been prescribed for submission of the information at regular intervals. They are in three parts. Part I relates to general information of the block which needs to be sent once in the beginning of the year. Part II and Part III of the proforma relate to sparying statistics and epidemiological situation which are required to be sent every month in respect of each of the block falling under your jurisdiction for assessment of the situation and taking necessary prompt remidial measures.

Based on the information so furnished, a consolidated report is to be furnished every month to Jt. Secretary & Commissioner, Family Planning, New Delhi. (A complete list of Projects/Blocks included in the programme is enclosed for ready reference).*

According to the revised strategy which is to be implemented from 1977, all these areas where the API is more than 2, are to be covered with appropriate type of insecticides and intensive drug therapy. Areas where the API is less than 2, intensive surveillance alongwith focal spray is to be carried out.

I shall be grateful if you kindly look the matter personally and take special care to see that the information in the prescribed proformae i.e. Part I, II & III is sent regularly about the situation of Maleria in these blocks and remedial action taken from time to time.

*Deleted from Supplement.

Part I (To be submitted in the begining of the year only)

General information of the Project Areas/Blocks

1. State..............................
2. Name of the Black..........
3. Name of the NMEP Unit corresponding to Block...... ....
4. Population of the Block : 1976 ....

5. No. and Name of PHC under the Block......................

6. Population under 6 years : 1976 ....

7. No. of section in the blocks ....

8. Population under regular spray ... .

9. No. of villages.................

10. Population under selective spray ....

11. Phasing of the NMEP Units with strength

12. Population under No. spray ....

(a) Attack phase ....

(b) Consolidation ....

(c) Maintenance.........................

13. Endemicity Hyper/Meso/Hypo.

14. Period of transmission

15. Susceptibility status of vector to

(1) DDT ....

(2) HCH ....

(3) Malathion.............................

16. Rainfall (Avg) ....

17. No. of years under spray

(1) DDT ....

(2) HCH ....

(3) Malathion.............................

18. Criterian used for spraying operations

(a) Regular...............................

(b) Selective ....

(c) No. spraying.........................

PART II (To be submitted every Month)

Monthly report of spraying operations and Epidemiological situation.

State .... Block....................................

Month.................................... Year ....

A—Spraying statistics

Item	Regular		Selective	
	Planned	Implemented	Planned	Implemented

FIRST ROUND

1. Date of commencement
2. Date of completion
3. Spray coverage in terms of rooms
4. Insecticide used
5. Population covered

SECOND ROUND

1.
2.
3.
4.
5.

THIRD ROUND

1.
2.
3.
4.
5.

Focal spray if any.

Part—II Cond.

B. **Epidemiological information**

(i) Agewise distribution of positive cases with Radical Treatment done.

S. No.	Item (Age group)	Regular spray				Selective spray				No. spray			
		Positive		R.T.		Positive		R.T.		Positive		R.T.	
		A	B	A	B	A	B	A	B	A	B	A	B
1.	Below one year												
2.	1 to 6 years (below)												
3.	6 and above												
	Total												

A = Stands for the corresponding month of tne last year

B = Stands for the month under report

(e.g. If B is January '77, the A will be January '76)

(ii) Blood slides collected, examined and Positive cases

S. No.	Name of Section	Population under 6 years	B. S. collected	Blood slides examined	+ve case	B. Treatment	Species		
							(Pv)	(P.f.)	Others.

PART—III

(To be submitted monthly)

General observations/comments with measures taken on the following aspects :

1. Spraying Operations
2. Surveillance Operations
3. Insecticide position
4. Drug position
5. Drug distribution chonnels
6. Measures taken for toning up discipline
7. Other remarks not covered above.

D.O. letter No. Z 20013/34/76-TB dated 4 November 1976 from Directorate General of Health Services, Government of India to the State Governments and Delhi Administration.

Subject : **BCG in ICDS Projects.**

As you are aware, under the Integrated Child Development Services Scheme, immunization is to be provided to the infants and children below 6 years of age againts Smallpox, BCG, Diptheria, Whooping Cough and tetanus. Under this scheme, 33 such projects have been intitiated in the State as shown in the list enclosed *The immunisation is to be carried out by the PHC and subordinate health infrastructure.

It is understood that BCG immunistion has not been carried out srtisfactorily in many of these projects. I would request you to immediately get in touch with the State Social Welfare Department and also with the District Social Welfare Officer concerned with these projects and make arrangement to get the infants and children vaccinated with BCG immediately. In case in any project such immunisation through the personnel of the PHCs is not possible because the ANMs are either not available or not available or not trained, you may kindly arrange to cover the entire susceptible group by BCG vaccination with the help of your BCG team technicians.

In any case you may kindly ensure that the entire group of children under the project is positively covered by the end of Deceber 1976 and a report in this respect is sent on to me immediately threreafter.

*Deleted. This list is already included under appendix I of the Compilation.

Copy of the letter No. 1-9/76-CD dated 8 November 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration.

Subject : **Job responsibilities of Anganwadi Workers, Supervisors and CDPOs in ICDS projects.**

The job responsibilities of Anganwadi Workers are listed in paragraph 26 of the ICDS Scheme. A detailed description of the various tasks involved in the discharge of their responsibilities is available in 'A Guidebook for Anganwadi Workers' brought out by the National Institute of Public Cooperation and Child Development. The Supervisors (mukhyasevikas) have to supervise and guide the working of anganwadis. The CDPOs are responsible for the ICDS projects at the project level. Guidelines and instructions have also been issued from time to time about some of their functions. It has been suggested that a list of job responsibilities of Angavwadi Workers, Supernisors (Mukhyasevikas) and CDPOs should be widely circulated for the information and guidance of all concerned. A list is accordingly enclosed with a request that copies thereof may be sent to all concerned for informotian and guidance.

Enclosure to letter No. 1-9/76-CD dated 8 November, 1976 from Department of Social Welfare, Government of India, New Delhi, to all State Govts.

JOB RESPONSIBILITIES OF ANGANWADI WORKERS, SUPERVISORS AND CDPOs IN ICDS PROJECTS

Anganwadi Workers

1. non-formal pre-school education, i.e. organising pre-school activities in an anganwadi for about 40 children in the age-group 3-5 years of age ; the toys, play-equipment, etc. to be used should be rural in character and origin, in designing and making which the anganwadi worker will play a leading role ;

2. organising supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers, in planning the menu priority will be given to locally available food and local recipes ;

3. giving health and nutrition education to mothers ;

4. making home visits for educating parents, particularly in the case of children attending the anganwadi so that the mother of the child can be enabled to play an effective role in the child's growth and development ;

5. eliciting community support and participation in running the programme ;

6. assisting the Primary Health Centre Staff in the implementation of the health component of Integrated Child Development Service Projects viz. immunisation, health check-up, referral services, and health education ;

7. maintaining routine files and records to enable measurement of the impact of the services ;

8. reporting to the Child Development Project Officer (to be appointed for each block) the development in the village which require further attention ; particularly in regard to the working of the coordinating arrangements of different departments in the village ;

9. maintaining liaison with other institutions in the village which have relevance to her functions (mahila mandal etc) ; and

10. maintaining liaison with the lady school teacher for assistance in organising pre-school activities and for participation of the primary

/middle school girls (where they exist) in the programme of the anganwadis, thus enabling the girls to acquire work experience.

NOTE :

If Anganwadi worker is a matriculate or she has studied upto VIII standard and is willing to take up the additional work of running the functional literacy class, she may be placed incharge of such class. She will be eligible for an additional honorarium of Rs. 50/- per month for this additional work.

SUPERVISORS

1. The supervisor will plan the programme of anganwadis and functional literacy centres under her control in consultation with concerned anganwadi workers.

2. She will supervise the working of Anganwadi Workers and functional literacy centres through regular field visits, and check the correctness of enlistment of beneficiaries for different services and proper delivery of these services, provide whenever necessary specific guidance and demonstration, for this purpose, she should visit each anganwadi every month in rural and urban projects and each anganwadi at least once in 6 weeks in tribal/hilly areas. She will tour for 20 days a month with 10 night halts outside her headquarters.

3. She will every month review the progress of the ICDS and functional literacy schemes in the area in her charge and discuss and resolve operational problems.

4. She will help the Anganwadi Worker in developing family contacts, making home visits, conducting of village meetings, etc.

5. She will periodically check all the records, registers, cash and accounts, stock and material at each anganwadi and functional literacy centre, give necessary instructions and suggestions to Anganwadi Workers and literacy teachers in this regard, and ensure regular submission of monthly reports by Anganwadi Workers.

6. She will act as a liaison between Anganwadi Workers and the CDPO on one hand and the Anganwadi workers and PHC staff on the other.

7. She will generally assist the CDPO in various tasks of project administration and implementation.

8. She will guide the Anganwadi Workers in the formation and functioning of village level committees and mahila mandals and establishing close linkages with primary schools.

CHILD DEVELOPMENT PROJECT OFFICER :

1. The Child Development Project Officer will act as the coordinator of the ICDS teams at the block level. He will be incharge of the schemes of ICDS and Functional Literacy for Adult Women and will have the responsibility for implementing the programme and supervising day to day administration of the Project.
2. The CDPO will finalize monthly and yearly budgets for each anganwadi and will incurr necessary expenditure for running anganwadi activities and functional literacy alone.
3. The CDPO will supervise and guide the work of the entire project team, including supervisors and anganwadi workers. For this purpose, he will undertake field visits and call staff meetings periodically at the Block Office.
4. The CDPO, in the initial stages, will guide the anganwadi workers in carrying out a quick simple census of the project villages so as to enumerate and identify children, pregnant women and nursing mothers. On the basis of these census reports, supplementing it by his own collection of information, the CDPO will prepare a project Report containing all necessary and relevant base-line information.
5. The CDPO will ensure the maintenance of proper registers and records, both at the block and the anganwadi levels. He will inspect these records periodically.
6. The CDPO will make necessary arrangements for obtaining, transporting, storing and distributing various supplies as indicated in the Integrated Child Development Services and functional Literacy Schemes. For this purpose, he will maintain necessary links with District and State Officials.
7. The CDPO will ensure that all the equipment and material supplied for the ICDS programme are accounted for and are used and maintained properly.
8. The CDPO will act as the Convenor or Secretary of the Block-level coordination committee. He will arrange the meetings of the Committee, prepare agenda notes and record the minutes. He will take all necessary steps to ensure coordinated implementation of project programme and services.
9. The CDPO will act as an integral part of the Block team. He will maintain functional liaison with the Block Headquarters, Primary Health Centre, Panchayati Raj institutions, Educational set up and voluntary organisations functioning in the area. He will ensure

cooperative functional relationships between the PHC/Sub Centres staff and Supervisors/Anganwadi Workers.

10 As the CDPO will be required to incurr contingency expenditure on the purpose of articles etc. required by the Anganwadi Workers and other project functionaries he would act as the Drawing and Disbursing Officer for the ICDS Schemes and Functional Schemes excluding the health inputs, if so authorised by the State Government.

11. The CDPO will make efforts for obtaining local community's involvement and participation in implementing ICDS and Functional Literacy Schemes. He will encourage the local community to contribute to the programme in terms of food supplies, building, materials, voluntary services etc.,

12. The CDPO will guide the supervisors and anganwadi workers in forming and operating village-level committees. He will also guide them in establishing functional and cooperative links with village level Mahila Mandals, Youth Clubs and primary schools.

13. The CDPO will arrange educational programmes like nutrition and hygiene demonstrations with the help and assistance of other block personnel.

14. The CDPO will be responsible for preparing and despatching periodical progress reports to concerned higher officials. He will also furnish all information as and when required by State and Central ICDS units.

15. The CDPO, as incharge of the ICDS team at the Block level, will take all necessary measures for ensuring staff recruitment and training. He will depute supervssors and anganwadi workers for training as and when required.

16. The CDPO will undertake field visits periodically and will submit his monthly tour programme to higher officials. The tour programme should be chalked out in consultation with the BDO and PHC doctors. He will tour at least 18 days a month with 10 night halts outside his headquarters.

Copy of the letter No. 2-20/76-TR dated 11 November 1976 from the Department of Social Welfare, Government of India, to all the State Governments and Delhi Administration.

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Subject : **Orientation of medical and para-medical staff under ICDS**

I am directed to invite a reference to para 3(b) of this Department letter No. 2-20/76-CD dated 22 May, 1976 and to state that as per

guidelines given therein a training programme for ANMs at the block level is to be arranged and the Consultant in the concerned medical college earmarked for the area has the responsibility to help the PHC, CDPOs etc. in the training programme for ANMs at the block level. It is, therefore, requested that necessary action for organising the training programme for ANMs at the block level may kindly be taken with the help of the concerned ICDS consultant.

Copy of the letter No- L–11011/15/76–PC dated 22 November 1976 from the Department of Rural Development, Government of India, to the State Governments and Delhi Administration.

Subject :—**Promotion and strengthening of additional registered Mahila Mandals in the villages of the Community Development Blocks covered under Interated Child Development Services Projects (ICDS).**

I am directed to say that the Union Department of Social Welfare is implementing a programme, "Integrated Child Development Services (ICDS)". Presently such a project is located in ——— block in ——— district of your State.

2. The organisation of Mahila Mandal at the village level is to play on the important role in implementing the programme of ICDS projects specially in organising Anganwadis. It has accordingly been decided to give particular attention to promote/strengthen registered Mahila Mandal in the villages of the C.D. Blocks covered under ICDS projects. Additional fund for this purpose will be provided under this Ministry's scheme of Promotion and Strengthening of Mahila Mandals currently being implemented in your/Union Territory. Guidelines and conditions for availability of central funds, under this scheme have already been communicated vide this Ministry's letter Nos. L—13017/1/75--PC dated 17-6-1975 and G-21017/1/76-PC dated 15-5-1976 and L-11014/1/76-PC dated 10-6-1976. One of the important conditions for availability of Central funds under the scheme is that the Mahila Mandals receiving grant should be registered under registration of the Societies' Act, 1860 or any other appropriate Act.

3. It is, therefore requested that the requisite proposals for promotion and strengthening of additional Mahila Mandals, may be worked out quickly and information in respect of above Blocks indicating name location and particulars of registered Mahila Mandals therein for which Central assistance is required may please be supplied for consideration of this Ministry in the enclosed Survey Schedule at an early date. All registered Mahila Mandals in the above Block (s) are eligible for assistance.

4. I am also to request that for future planning, you may draw up a programme for promotion and strengthening of Mahila Mandals so that a well established and registered Mahila Mandal is in existence in such of villages in a Block where ICDS programme is to be implemented and send these proposals for consideration of this Department and assistance before Anganwadis are established.

Copy to :

1. Shri M.M. Rajendran, Joint Secretary, Secretary, Department of Social Welfare, Shashtri Bhavan, New Delhi with referenee to D.O. No. 19-2/76-CD dated 23-8-1976.

It is requested that officer dealing with ICDS in States/Union Territories may be reqquested to get in touch with State Rural Development Department in order that the proposals for promotion and strengthening of additional Mahila Mandals are expedited and sent for consideration and assistance from this Department.

Copy of the letter No. 1—14/76—CD (ii) dated 4 December, 1976 from the Department of Social Welfare, Government of India to the State Governments of Maharashtra, Tamilnadu, West Bengal and Delhi Administation.

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Subject :—**Creation of the post of a Steno-typist in the offices of the Child Development Project Officers (Urban)—sanction regarding.**

I am directed to convey the approval of this Department to the creation of a post of Steno-typist for the office of each Child Development Project Officer in Urban ICDS projects (Delhi, Bombay, Madras and Calcutta) in the scale applicable to such post in your State/Union Territory. This is in addition to the existing staff in offices of the Child Development Project Officers (two persons—one from ICDS budget and one from the budget from Functional Literacy for Adult Women). The expenditure on the post of steno-typist should be met from the ICDS budget.

Copy of the letter No. 1-14/76-CD (i) dated 4 December 1976 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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Subject :—**Creation of the post of a typist in the offices of the Child Development Project Officers (Rural/Tribal) sanction regarding.**

I am directed to convey the approval of this Department to the creation of a post of Typist for the office of each Child Development

Project Officer (Rural/Tribal) in the scale applicaple to such post at the block level in your State. This is in addition to the existing staff in the Offices of Child Development Project Officers (two persons-one from ICDS budget and one from the budget for Functional Literacy for Adult Women). The expenditure of the post of typist should be met from the ICDS budget.

Copy of the d.o. letter No. 16-9/76-CD dated 7 December 1976 from the Depatment of Social Welfare, Government of India, to the State Governments and Delhi Administration, regarding the review of current status of ICDS Projcets.

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Subject : **Review of current status of ICDS Projects.**

I am enclosing five copies of the consolidated monthly progress report of ICDS projects for the month of October 1976. One copy each may please may sent to the Health Secretary, Director of the Health, the Director of Social Welfare (or the concerned departmental head).

2. Reference is invited to para * 18 of the report for closer attention to the points mentioned therein.

3. The Child Development Project Officer may please be instructed to send one copy of each monthly progress report by the 15th of the following month direct to this Department.

With regards,

(Para 18)

1 December, 1976

***Progress report of I.C.D.S. projects (for the month of October, 1976)**

A review of the current status of ICDS projects has brought out the need for stress on the following main points :—

(a) speedly completion of the work of identification of target groups/nutritionally-at-risk individuals (weighing scales 'have been supplied to all ICDS projects);

(b) complete integration of the additional health inputs (personnel and materials), sanctioned from the ICDS budget, into the existing health set-up;

(c) greater emphasis on the delivery of health and nutrition components to the 'below threes';

(d) completion of staff requirements and re-orientation of personnel at the project level;

(e) provision of funds in state budgets for medicines and nutrition under the minimum needs programme and ensuring regular flow of adequate supplies of critical items like food, medicines/ vaccines etc;

(f) provision of funds in state budgets for water supply under the minimum needs programme and expeditous completion of arrangements for clean drinking water supply in all the villages /localities in the ICDS project area;

(g) phasing of implementation tasks in each project, against a prescribed time schedules, and monitoring the progress in terms of these tasks;

(h) organisation of Mahila Mandal in each village and its involvement in ICDS programe;

(i) providing work experience to elderly girls in primary/middle schools at the anganwadis; and

(j) closer attention to local, on the spot, coordination.

Copy of the letter No. 1-3/76 CD dated 17 December 1976 from the Department of Social Welfare, Government of India, to the State Governments.

Subject :—**TA/DA for anganwadi workers**

It has been represented that the anganwadi workers have to come to the block headquarters for a monthly meeting. They are also required to come for their short re-orientation/refresher training courses for 2-3 days at the time whenever such courses are organised for them at the project level in order to equip them better for certain specific tasks. The anganwadi workers cannot be expected to meet the cost of their journey and boarding and lodging from their own pockets. TA/DA can be paid to anganwadi workers from the ICDS budget on the following lines when they are called away from their villages for monthly meetings or for short re-orientation/training courses :

(a) Actual bus/train (second class) fare; and

(b) daily allownace at the rate applicable to LDC in accordance with the State Government rules.

2. The meetings of the anganwadi workers at the block level should be held not more than once a month.

3. Whenever anganwadi workers are called away [from their villages for short re-orientation/training courses, the anganwadi activities (especially supplementary nutrition) can be continued by the helpers in the absence of the anganwadi workers.

4. The question of payment of TA/DA to anganwadi workers in urban projects would not arise.

Copy of the letter No. 12-1/75-CD dated 22 December 1975 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

Subject :— **Supplementary Nutrition in ICDS projects.**

Supplementary nutrition is an important component of the package of services under the ICDS projects. As originally intimated to the States under this Department's letter No. 4-6/74-NCD dated 10 July 1975 and as mentioned in paragraph 16 of the ICDS Scheme, the cost of supplementary nutrition has to be met by the State Government/U.T. Administration. Provision for meeting the cost of supplementary nutrition component of the ICDS project(s) has to be made by the State Government/U.T. Administration in its SNP budget every year.

2. The ICDS projects were started during the year 1975-76. It was mentioned in paragraph 16 of the ICDS Scheme that in exceptionally hard cases, the Central Government may consider providing, *in the initial stage only and without further commitments,* assistance for the input of supplementary nutrition. Most States had initially expressed difficulties in providing sufficient funds for supplementary nutrition. This Department therefore allocated. CARE/WFP food commodities for utilisation for supplementary nutrition in the ICDS projects under this Department's letter No. 12-1/76-CD dated 22 September 1975, and letter No. 12-2/75-NCD dated 22 September 1975. The allocation of CARE/WFP food commodities for utilisation in the ICDS projects was only for utilisation at the initial stage. The State Governments have been repeatedly told that the ICDS projects should develop on indigenous lines and not depend on aid food. Individual communications have been sent to all the States/Delhi Administration, indicating the annual requirement of funds for the supplementary nutrition component of the ICDS project(s) in each State/Delhi Administration which is to be met from the SNP budget of the State Government/Delhi Administration.

3. Some States (for example, Orissa and Uttar pradesh) have already taken action to provide for the supplementary nutrition component of the ICDS project from the State SNP budget instead of utilising the aid food. However, most of the States are yet to make sufficient provision for this purpose. CARE/WFP food commodities are not proposed to be allocated for the ICDS project(s) in your State/Administration during the year 1977-78. It is, therefore, once again emphasised that funds to the extent shown in the enclosed statement should be reserved in the SNP budget of the State/Administration during the year 1977-78 in order to meet the cost of supplementary nutrition in ICDS project(s), otherwise the ICDS project(s) would fail and future expansion of the ICDS scheme is dependent on the success of the current experimental projects.

AMOUNT REQUIRED FOR SUPPLEMENTARY NUTRITION IN I.C.D.S. PROJECTS IN 1977-78

State ICDS Project Area (District)	*Amount required per annum for Supplementary nutrition in the ICDS Project*
	(Rs. in lakhs)
Andhra Pradesh	
1. Kambadur (Anantapur)	8.29
2. Utnoor (Adilabad)	16.62
	24.91
Assam	
3. Dhakuakhana (Lakhimpur)	6.73
Bihar	
4. Manigachi (Darbhanga)	14.45
5. Tarapur (Monghyr)	7.80
6. Barajamda (Singhbhum)	12.00
	34.25
Gujarat	
7. Chhotaudepur (Vadodara)	10.62
Haryana	
8. Kathura (Sonepat)	8.21

	Himachal Pradesh	
9.	Pooh (Kinnaur)	2.92
	J. & K.	
10.	Kangan (Srinagar)	6.30
	Karnataka	
11.	T. Narasipur (Mysore)	17.16
	Kerala	
12.	Vengara (Tlrur Taluk)	11.49
	Madhya Pradesh	
13.	Singrauli (Sidhi)	13.14
14.	Tokapal (Bastar)	7.85
		20.99
	Maharashtra	
15.	Dharni (Amaravati)	11.23
16.	Bombay	7.96
		19.19
	Manipur	
17.	Ukhrul (East Distt.)	5.69
	Meghalaya	
18.	Songsak (Garo-hills)	4.92
	Nagaland	
19.	Zeliangkuki (Kohima)	3.23

	Orissa	6.77
20.	Subdega (Sundergarh)	
	Punjab	5.25
21.	Nurpur Bedi (Rupar)	
	Rajasthan	20.62
22.	Garhi (Banswara)	
	Sikkim	22.78
23.	Gyalzing (Namchi)	
	Tamil Nadu	9.44
24.	Madras	
		10.67
25.	Thalli (Dharmapuri)	
		9.60
26.	Nilakottai (Madurai)	
		29.71
	Tripura	6.00
27.	Chawmanu (North Distt.)	
	Uttar Pradesh	7.72
28.	Shankargarh (Allahabad)	
		8.70
29.	Dalmau (Rae Bareilly)	
		10.59
30.	Jawan (Aligarh)	
		27.01

	West Bengal	
31.	Manbazar (Purulia)	8.62
32.	Calcutta	14.12
		22.74
	Delhi	
33.	Delhi	9.44

Copy of the letter D.O. letter No. 9—12/75-CD dated 23 December 1976 from the Department of Social Welfare, Government of India, to all the Child Development Project Officers.

Subject : **Modification in the Monthly Progress Report Proforma of the CDPOS.**

Please refer to 'point 4' of 'part d' (services) at pages 11-12 of the enclosed monthly progress report proforma (prescribed for submitting the monthly progress reports to this Department) wherein we have asked for the details regarding the progress of 'supplementary nutrition' under ICDS projects (s). Here it is requested that the item referring to children (6 months and above but below 7 years of age) under column 'category' of beneficiaries should be divided into three parts as follow ;--

(a) Children getting supplementary nutrition once a day (6 months and above but below 3 years)

(b) Children getting supplementary nutrition once a day (3 years and above but below 6 years)

(c) Severely malnourished children getting supplementary nutrition at enchanced rates of 60 p. per day.

Please ensure that reports from December 1976 onwards include the above details of the break-up of the number of children (both enlisted and those actually getting supplementary nutrition into the above mentioned three categories. You may receive the monthly progress report form of Anganwadi Workers accordingly so that information according to the above-mentioned break-up is received from them.

Copy of the letter No. 1—1/76 CD dated 28 December 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration.

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Subject .—**Strengthening of health inputs in ICDS projects.**

Guidelines and clarifications regarding strengthening of health inputs in ICDS projects were earlier issued under this Department's letters of even number dated 3 March 1976 and 7 April 1976. At a few workshops on ICDS during the last few months, some issues were raised regarding rent, contingencies, furniture etc. for the health staff sanctioned from the ICDS budget. These issues are clarified below :—

Issue	Clarification
1. Fund should be provided for contingencies at the PHC/Sub-centres (stationery, thermos flasks, ice etc.)	1. Out of the provision for contingencies in the ICDS budget, an amount of Rs. 1,000/- per year should be made available to the Health Deptt. for contingencies at the PHC/Sub-Centres.
2. As provision is not made for the construction of buildings for the additional health staff and sub-centres, rent should be provided from the ICDS budget.	2. Provision for rent has already been made in the ICDS schematic pattern and the amount can be raised if it is found insufficient. If the State Govt. provides free residential accommodation to the health staff, house rent allowance or re-imbursement of rent can be given from the ICDS budget in accordance with the State Govt. rules. Similarly, rent for the additional sub-centres sanctioned from the ICDS budget can also be paid from the ICDS budget. Funds for this purpose should be made available to the Health Deptt. from the ICDS budget.
3. Furniture is required for the additional sub-centres (i.e. ANMs) sanctioned from the ICDS budget. An ANM requires a table, a chair, a stool, a bench, an examination table and a	3. Funds to the extent of Rs. 1,000/- for furniture for the MO and the LHVs and Rs. 500/ for each sub-centre sanctioned from the ICDS budget may be made available to the Health Department for providing furniture to the MO, LHVs and ANMs sanctioned from the

rack or almirah for keeping medicines. An amount of about Rs. 500/- per sub-centres is required for furniture. Similarly, an amount of about Rs. 1,000/- is required for furniture for the Medical Officer and the LHVs sanctioned from the ICDS budget.	ICDS budget.
4. Can the additional funds for medicines from the ICDS budget be earmarked for the additional sub-centres sanctioned from the ICDS budget and the anganwadis ?	4. The State Government has to provide funds for medicines to the PHC/Sub-centres at the rate of Rs. 12,000/- per year for the PHC and Rs. 2,000/- per year for each sub-centre financed from the State budget. The additional funds for medicines from the ICDS budget have to be pooled with the State funds for medicines and utilised in the best possible manner so as to ensnre a regular supply of sufficient quantities of medicines to the PHCs, Sub-Centres and anganwadis.
5. Some amount should be made available for publicity and information support to the PHC, especially for educating the community.	5. An expenditure upto Rs. 2,500/- has been authorised for information and publicity support in each project. An amount of Rs. 1,000/- out of this should be made avilable to the Health Department for utilisation by the PHC.
6. No provision has been made for PTA, TA/DA for health staff.	6. The State Government has to decide whether each category of health staff should be given PTA or normal TA/DA. The expenditure on PTA or TA/DA of health staff sanctioned from the ICDS budget can be met from the ICDS budget. Funds for this purpose should be made available to the State Health Deptt.

2. The above clarifications will be taken into account in the release of subsequent instalments of the Grant-in-aid to the State Governments for the ICDS projects. The above provisions may, therefore, be included in subsequent proposals for release of funds by this Department to the State Government/Delhi Administration. In the mean time, necessary funds should be made available to the State Health Department as per clarifications given above.

Copy of the letter No. 12-3/75-CD dated 29 December 1976 from the Department of Social Welfare, Government of India, to the State Governments and Delhi Administration.

Subject :—**Selection of Beneficiaries of Supplementary Nutrition in ICDS Projects.**

A few workshops on ICDS were organised during the last two months. The Medical Officers, Child Development Project Officers and Block Development Officers from the ICDS project areas had attended these workshops. It came to notice that doubts still persist in some areas about the manner of selection of beneficiaries of supplementary nutrition in the ICDS projects. The following clarifications are therefore issued for the guidance of all concerned :—

(a) Pregnant women and nursing mothers belonging to the families of landless agricultural labourers, marginal farmers (holding not exceeding one hectare), scheduled castes and scheduled tribes and other poor sections of the community (total monthly income of all members of the family not exceeding Rs. 300/-) should be enlisted for supplementary nutrition. In other cases, guidance of the ANM/Doctor should be sought. In other words, a pregnant woman/nursing mother, not belonging to above mentioned categories, can be enlisted for supplementary nutrition if the ANM or the Doctor so advises on medical grounds.

(b) Children have to be identified and enlisted for supplementary nutrition on the basis of weight related to age. Growth charts and weighing scales have been supplied to all the projects. The growth chart has 4 curves. All children below 6 years of age whose weights fall below the second curve on the growth chart, should be enlisted for supplementary nutrition.

(c) Children in the age group of 3 years and above but below 6 years attend the non-formal pre-school activities at the anganwadis. The anganwadi workers should make special efforts to ensure that children in the age group 3-5+, who are

identified as malnourished and enlisted for supplementary nutrition on the basis of weight related to age, come to the anganwadis. There will, however, be some children in the age group (3-5+) who come to the anganwadis for non-formal pre-school activities even though they are not identified as malnourished on the basis of weight related to age. These children cannot and should not be segregated from other children for the purpose of supplementary nutrition. In other words, all children in the age group 3-5+, attending the anganwadis for non-formal pre-school activities, are eligible for supplementary nutrition and should be enlisted for that purpose.

(d) Children whose weights fall below the third curve on the growth charts are identified as severely malnourished. These children should be enlisted for a greater amount of supplementary nutrition. Paragraph 15 of the ICDS Scheme contemplates supplementary nutrition to such children at 60 paise per child per day. Special weaning foods or other highly nutritious ready to eat foods, which can be easily swallowed and digested, should be arranged for these children.

(e) Children who weights fall below the fourth on the growth charts should be immediately hospitalised for nutritional theraphy and rehabilitation. Supplementary nutrition should be continued to such children after their discharge from the hospital. On medical advice, children whose weights fall above fourth line, may also have to be hospitalised. After discharge from hospital, such children should also be continued on supplementary nutrition.

2. Correct identification and enlistment of beneficiaries of supplementary nutrition in each anganwadi area is a very important task. Wherever this work has not yet been correctly carried out, a fresh exercise should be done to complete this work expeditiously. Each Child Development Project Officer and the Medical Officers in the PHC should have a clear consolidated picture of all children and mothers, identified and enlisted for supplementary nutrition according to the clarifications given above, and periodically review whether all the enlisted children and mothers are getting supplementary nutrition or not. Continuous efforts are necessary to ensure that all the identified and enlisted children and mothers are given supplementary nutrition. Continuous close attention is especially needed for meeting the needs of severely malnourished children and the children needing hospitalisation.

3. It has been pointed out that at the time of distributing supplementary nutrition to children and mothers at the anganwadis, some children who are not identified for supplementary nutrition may be present and it would be difficult to deny supplementary nutrition to such

children when they are physically present. If any children, who are not enlisted for supplementary nutrition, are actually given supplementary nutrition at the anganwadis, their number should be separately noted. The monthly progress reports of the anganwadi workers as well as the CDPOs should clearly indicate the number of beneficiaries out of the identified list (in accordance with para 1 above) receiving supplementary nutrition and the number of unlisted beneficiaries receiving supplementary nutrition. At the same time, educational efforts should be continued, with the help of the local leading citizens and women of the village to educate the community that the supplementary nutrition is required to be given only those children who are identified in accordance with the given criteria and that the people should desist from sending those children, who are not enlisted for supplementary nutrition, to the anganwadis for receiving supplementary nutrition.

Copy of letter No. 16-9/76-CD dated 31 December 1976 from the Department of Social Wellfare, Government of India, to the State Governments and Delhi Administration.

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Subject :—**The important points for action in respect of ICDS projects.**

A review of the progress reports of ICDS projects has brought out the need for urgent action on the following main points :—

(a) The work of identification of beneficiaries of supplementary nutrition in ICDS projects should be completed speedily in the entire project areas. Weighing scales have already been supplied to all the projects. More detailed guidelines regarding selection of beneficiaries have also been issued under this Department letter No. 12-3/75-CD dated 19 December 1976. Complete information in respect of the number of identified beneficiaries in each of the target groups (pregnant women, nursing mothers, children below 3 years and children in the age-group 3 to 5+) should be available at the project level in respect of each anganwadi area. Information about the number of severely malnourished children in each anganwadi area should also be available at the project level. This information about the number of beneficiaries, including the severely malnourished children as well as other children and pregnant/nursing mothers identified for suplementary nutrition, should be utilised for working out the food requirements and timely procurement and supply thereof to the anganwadis.

(b) The additional health inputs (personnel and materials), sanctioned from the ICDS budget, should be completely integrated into the existing health set-up. Detailed guidelines in this regard have already been issded unner this Department's letters No. 1-1/76-CD dated 3 March 1976, 7 April 1976, 6 September 1976 and 28 December 1976 and d.o. letter number 2-9/76-CD dated 31 July 1976. Instructions were also issued by the Ministry of Health and Family Planning (Department of Family Planning) under their letter No. P. 11017/26/75-MCH (Vol. II) dated 7 November 1975 addressed to the State Health Departments.

(c) Greater emphasis should be laid on the delivery of health and nutrition component to children below 3 year of age, who constitute a nutritionally more vulnerable group.

(d) All the vacant posts should be filled. The project personnel should be oriented at the project level. Special emphasis is needed on the orientation of ANMs in ICDS by the PHC medical officers and CDPOs. Assistance of ICDS consultants should be taken, wherever medical colleges are associated with the projects. Similarly special emphasis is also required on reorientation of anganwadi workers in certain health tasks, as examplified in the guidebook for anganwadi workers. Detailed guidelines regarding reorientation of ANMs and anganwadi workers at the project level have already been issued under letters No. 2-20/76-TR dated 11 November 1976 and No. 13-28/76-CD dated 3 November 1976 and d. o. letter No. 13-28/76-CD dated 30 October 1976.

(e) Regular flow of adequate supplies of critical items like food, medicines, vaccines, etc. must be ensured. The state Governments should provide funds in the State's budget for medicines and supplementary nutrition under the Minimum Needs Programme. Funds for medicines are further supplemented from the ICDS budget.

(f) A phased programme of implementation tasks in each project should be prepared, indicating a prescribed time schedule for each task. The present status of the project has to be kept in mind and a realistic phased programme for completing individual tasks (e.g. appointment of each category of staff, completing the training and reorientation of each category of staff, completing the coverage of children and pregnant women with the prescribed immunisation schedule, completing the health check-up of children and pregnant/nursing mothers completing the identification of beneficiaries of supplementary nutrition in all the target groups and starting delivery of supplementary nutrition to all the identified beneficiaries, supply of medicines

and vaccines, supply of office equipment supply of sub-centre equipment and mid-wifery kits, supply of anganwadi materials supply of functional literacy materials, etc.) should be prepared accordingly. The progress of the project should be monitored at the State level in respect of each of the identified implementation tasks. The CDPO may be instructed to send a copy of the phased programme. prepared in accordance with the above mentioned guidelines, to this Department directly.

(g) Arrangement for clean drinking water supply in all the villages/localities in each ICDS project area should be completed expeditiously. Funds for water supply should be provided in the State budget under the Minimum Needs Programme.

(h) Mahila Mandal should be organised in each village or anganwadi area and actively involved in the ICDS programme. The Mahila Mandals can help in the following ways :-

(i) persuade the mothers to bring the children for immunisation and health check-up;

(ii) persuade the mothers to bring identified children for supplementary;

(iii) help the anganwadi worker in cooking the food, feeding the children, and keeping the children clean;

(iv) help the anganwadi worker in the health and nutrition education of women;

(v) supplement the efforts of the anganwadi worker in the non-formal pre-school education of children in the age group 3 to 5+;

(vi) report the cases of sick mothers and children, especially those below the age of 3; and

(vii) improve the attendance of illiterate girls and women (15-45 years) at the functional literacy classes. The Department of Rural Development (Ministry of Agriculture and Irrigation) has invited proposals from the State Governments for promotion and strengthening of additional registered Mahila Mandals in ICDS projects under letter No. L. 11011/15/76-PC dated 22 November 1976 addressed to the Development Commissioners, Agricultural Production Commissioners and Secretaries of Rural Development Departments of all States and Union Territory of Delhi.

(i) Effective linkages should be established between anganwadi workers and primary/middle schools in the project area. Work experience to eldery girls in primary/middle schools should be provided at the anganwadis. The Headmasters of the schools

can be entrusted with the work of overseeing the activities in the anganwadis and giving periodical reports to the CDPOs. Detailed guidelines in this regard have been issued under this Department letter No. 11-2/75-CD dated 23 August 1976 and the Union Education Department's letter No. 26-8/76-School II dated 4 October 1976 to the States.

(j) Coordination at the local level is of crucial importance. Effective coordination amongst medical officers, block development officers and child development project officersat the project level, lady health visitors and mukyasevikas at the intermediate level, and auxiliary nurse mid-wives and anganwadi workers at the village level, is yet to be achieved in many projects. Closer attention to local, on the spot, coordination is required.

Copy of the letter No 11-4/75-CD dated 5 January 1977 from the Department of Social Welfare, Government of India, to the State Governments.

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Subject :— **Optimum use of Vehicles in ICDS Blocks.**

The Integrated Child Development Services (ICDS) Scheme has been introduced in a few selected blocks in the country on an experimental basis. One Child Development Project Officer has been appointed for each ICDS Project. One jeep has been supplied to the Child Development Project Officer.

2. It was decided that convergence of the Applied Nutrition Programme (ANP) should be sought in each ICDS Block. Some ICDS Blocks are in the post operational stage of ANP. In most of the remaining ICDS blocks, ANP has already been introduced. A separate vehicle is generally available for ANP in which ANP is introduced. In addition, the Block Development Officer generally has a vehicle for his own official use.

3. The Primary Health Centre normally has one or two vehicles. An additional post of Medical Officer has been sanctioned from ICDS budget along with some other para-medical posts in order to strengthen the primary health set up in each ICDS Block. However, no additional vehicle has been supplied to the health set up in the ICDS blocks.

4. Health inputs are of crucial importance in ANP and ICDS. With several vehicles being available in each ICDS block, (vehicles of the PHC, the Block Development Officer the Child Development

Project Officer and the Applied Nutrition Programme), it should be possible to provide sufficient mobility to the health, block and child development officials. Generally the PHC doctors have less mobility than other officers at the Block level, because the BDO and the CDPO have two separate vehicles whereas the PHC has one vehicle or none even though there are at least 3 medical officers in the PHC in each ICDS Block. Convergence of supportive health services in ICDS and ANP requires sufficient mobility for the medical officers of the PHC. It is, therefore, suggested that the State Departments of Rural Development, Health and Social Welfare (or the concerned Departments) may jointly consider and issue guidelines for the optimum use of all the vehicles available in each ICDS Block.

5. This letter is being written with the concurrence of the Ministry of Agriculture and Irrigation (Department of Rural Development) and the Ministry of Health and Family Planning (Department of Family Planning). If such joint instructions or guidelines are issued by the State Government copies thereof may be endorsed to the Ministry of Health and Family Planning (Department of Family Planning), Ministry of Agriculture and Irrigation (Department of Rural Development) and this Department.

Annexure I

List o f check-points for the review of ICDS projects

1. Sanction, appointment and training/orientation of personnel (Child Development Project Officers, Mukhyasevikas, Anganwadi workers, Medical Officers, Lady Health Visitors/Public Health Nurses, Auxiliary Nurse Mid-wives and clerical staff).

2. **Delivery of Health Services**

(a) Release of funds to the State Health Department for health components of ICDS.

(b) Provision of Medical Officers, Lady Health Visitors/Public Health Nurses, Sub-centres and medicines as per approved pattern under the Minimum Needs Programme and the scheme of Integration of Health, Family Planning and Nutrition Services, and provision of complete strength of Medical Officers, LHVs and ANMs as per ICDS pattern.

(c) Upgradation of the PHC to a 30-bedded hospital under Minimum Needs Programme.

(d) Re-distribution of the project area amongst the total number of ANMs (the existing ANMs, ANMs under the scheme of Integration of Health, Family Planning and Nutrition Services, and ANMs from ICDS budget).

(e) Timely supply of sufficient quantities of medicines, vaccines, vitamin-A doses and iron and folic acid tablets to the PHC and Sub-centres.

(f) Supply of first acid material, vitamin-A doses and iron and folic acid tablets to anganwadis.

(g) Preparation and implementation of a detailed schedule for immunisation of children and mothers, periodical health check-up, prophylaxis against nutritional anaemia and vitamin-A deficiency.

(h) Supply of necessary equipment and kits to the additional sub-centres in the project area.

(i) Active involvement of identified medical colleges in the monitoring of ICDS projects.

3. **Supplementary nutrition**

(a) Provision of sufficient funds in the State budget for SNP under Minimum Needs Programme in order to meet the supplementary nutrition requirements of ICDS projects, and timely release of funds to the field officers.

(b) Identification and enlistment of pre-school children, pregnant women and nursing mothers for supplementary nutrition as por given criteria and commencement of supplementary nutrition in all the anganwadis.

(c) Health and nutrition education of mothers.

(d) Local production and consumption of nutritious foods especially green vagetables.

(e) Effective implementation of the Applied Nutrition Programme in the ICDS project area.

4. **Non-formal pre-school education**

(a) Location of the anganwadis in or adjacent to the primary school buildings.

(b) Providing work experience to elder girls in primary schools by involving them in the care of pre-school children in anganwadi at least twice a week.

(c) Involvement of the headmasters/teachers of primary schools in ICDS.

(d) Supply of minimum required materials and commencement of non-formal pre-school education in all the anganwadis.

5. **Functional Literacy**

(a) Supply of functional literacy materials, in consultation with the State Department of Education/appropriate organisation in the field of non-formal education to all the anganwadis.

(b) Enlistment of illiterate women (15-44 years), especially those in the age group 15-35, and commencement of the maximum number of functional literacy classes in each project area.

6. Organisation of Mahila Mandal in each village and its involvement in ICDS programme.

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7. **General**

(a) Provision of drinking water supply in each village under the Minimum Needs Programme.

(b) Timely release of funds and sanctions to the field officers for various components of ICDS in order to avoid delay in payment of salaries etc. and to ensure uninterrupted flow of needed inputs.